THE
CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

VOL. XIII. VANCOUVER, B.C., FEBRUARY, 1917 NO. 2

*The Laboratory as an Aid in Social Service

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I have been asked to speak this evening upon the subject of the relation of the work in which I am engaged, to the problem which you, as Social Workers and Students, are facing from day to day. The discussion of such a subject necessarily opens up a wide field—so vast that one hardly knows where to begin and how to emphasize so many important points in the time at our disposal.

There are, perhaps, four main pathological conditions which are of special interest to all Social Workers and to which they should pay the utmost attention. Let us mention them in this order:

1. The Feeble-minded and the Insane.
2. Tuberculosis.
3. Streptococcus Viridans Infections.
4. Syphilis.

With reference to the first, the laboratory is only indirectly, though none the less keenly interested, in view of the fact that many cases of both feeble-mindedness and insanity are directly traceable to syphilis. The laboratory has contributed much toward facilitating the diagnosis and treatment of tuberculosis, but it is in regard to the last two conditions enumerated above that its services, both in research and in routine, have revolutionized the modern conception as to prevalence, significance and treatment. Let us therefore confine ourselves to a brief consideration of these two maladies, and the line along which we are attempting to attack the problems involved.

(*a*) *Streptococcus Viridans Infections*

Under this general heading we include such important diseases as Endocarditis, Acute Inflammatory Rheumatism, many cases of Appen-

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Note:—This lecture was given in the Lecture Course in Medical Social Service, University of Toronto.

(1) Detweiler, H. K., and Robinson, W. L., Experimental Endocarditis with Streptococcus Viridans of Low Virulence—Transactions Association American Physicians, May, 1916.

(2) Walker, I. C., and Haller, D. A., Routine Wassermann Examinations of 4,000 hospital patients—Journal American Medical Association, February 12th, 1916.

(3) Veeder, B. S.—Hereditary Syphilis in the light of recent Clinical Studies—American Journal Medical Sciences, October, 1916.

dicitis, Gall Bladder infections, Nephritis, etc. These diseases are believed to be due in the overwhelming majority of cases to the *streptococcus viridans,* a small spherical germ, growing in pairs and in chains and producing a peculiar greenish color when grown in the laboratory on blood-agar. This organism normally inhabits the mouth and neighboring tracts of mucous membrane and it has been shown by experiments in our laboratory (1) that even while in the normal mouth these germs are capable of causing the gravest conditions if they are transferred to the blood stream. They are transferred to the blood through the diseased tissue in cases of tonsilitis, alveolar abscess, pyorrhea alveolaris and infections of the accessory sinuses of the nose and ear. Thus it is a matter of the most casual observation to find many cases of tonsilitis followed in the young by endocarditis and in the adult by rheumatic fever, or both. It was by bringing into this field of study the resources of the laboratory in the way of advanced methods of culture of the organisms in the blood and focal lesions in and about the mouth that the tremendous significance of these mouth and throat infections and their direct relation to diseases of the heart, joints and other important structures, was borne in upon the medical profession. Obviously the lesson to be learned from all this is the value of oral hygiene, the importance of careful but prompt treatment of all infections about the teeth and tonsils, and of the maintenance of a perfect state of health, so that these bacteria, perfectly harmless in the normal mouth, may not gain entrance into the blood stream and set up a pathological condition which may render the victim maimed for life, if it does not cause death. And therein lies the crux of the whole matter. The people must be educated along these lines so that they may co-operate with the medical and dental professions in the prevention of these conditions, and who occupies a more strategic position in the campaign for public health than the Social Workers and the District Nurse who can carry this educational propaganda from house to house into the very homes of those whom we wish to reach? Even when one turns from a consideration of the individual and his health and happiness and looks upon the problem from an economic standpoint the situation is startling. When the history of the war is written and the records of the recruiting depots are compiled and we are able to see the vast numbers of men who have had to be rejected from serving in the army on account of infections of the endocardium, of the joints, and of the nervous system *which might have been avoided,* at least to a large extent, had modern methods been available, we will begin to realize the tremendous importance to the community and to the State, of this question.

(b) *Syphilis*

I have no hesitation in stating that even more startling than the foregoing is the situation with regard to syphilis. It is true that this subject has been but lightly touched upon in the past years in such an audience as this, nor can it be said that even now it forms a suitable theme for the drawing-room. Nevertheless, serious-minded people must

face the problem and to face it intelligently one must know something about the disease.

Prevalence

Until the discovery and application of the Complement-fixation (Wassermann) test for syphilis, the extraordinary prevalence of this disease was not even dreamed of, much less suspected, and this test embodies one of the greatest contributions of the laboratory to modern science and to the public welfare. In the Toronto General Hospital we are now doing a routine Wassermann test on every public patient admitted to the ward. Owing to the depletion of the staff of the laboratories, due to the demands of the war, it was thought impossible to carry out this programme, but by a special effort the routine test was established on the first of October of this year, and already we have records of over five hundred cases, not including the Out Patient Department (in which a special clinic for syphilitics has been in operation for over a year). Of these five hundred cases of admissions for all sorts of diseases, no less than seventy have syphilis! a percentage of 14, and let me call your attention especially to the fact that in the majority of these cases the disease was unsuspected and would most certainly have been overlooked had not a routine test been done irrespective of symptoms. Think of the far-reaching significance of these findings! Our results so far are almost identical with those reported from Boston, (2) where, in the Peter Bent Brigham Hospital, out of 4,000 admissions, 600 cases (15%) had positive Wassermanns. These observers make this illuminating statement: "Cases of unsuspected syphilis greatly outnumber those frankly syphilitic among patients applying for treatment in a general hospital."

During the year preceding October, 1916, our own records show that in the case of indoor patients only—without routine tests—we had in public wards of the hospital 219 syphilitics.

Etiology

Syphilis is caused by a peculiar spiral germ, the *Spirochaete Pallidum,* discovered in 1905 by Schaudinn. It attacks young and old with apparently equal facility and both sexes are equally susceptible. The disease is communicated in the vast majority of instances by sexual intercourse with syphilitic subjects. It may also be contracted by public drinking cups and towels (if used almost immediately after being contaminated) by kissing and especially by nurses and doctors in attending syphilitic patients.

Manifestations

First of all, let me impress upon you this point, viz.: The disease may be present in the so-called "latent" state, in which the patient shows no signs of the disease at the time. Secondly, that syphilis may simulate almost any disease known and is often mistaken for other conditions. With these important premises established, we may go on to state that usually the disease manifests itself two to four weeks after exposure to the germ, in the form of a hard sore, called the primary chancre. This

may be upon the external genitalia, the lip, the finger, or elsewhere, as the female breast.

The secondary stage may come on immediately or not appear for several months. The usual signs are any or all of the following: Rash, sore throat, mucous patches in the mouth, ulceration of the soft palate or nasal septum, pains in the bones, headache and loss of hair. The lesions of the primary and secondary stages are especially infective and great care should be taken in handling such patients.

The tertiary stage comes on almost at once or it may not appear for a year or more. Lumps (gummas) under the skin or in the deeper parts which may break down if superficial, forming ulcers appear and lesions in the vascular system all over the body, are sure to occur.

Late manifestations such as Tabes Dorsalis (Locomotor Ataxia) general paresis of the insane (G. P. I.) or cerebral syphilis, may appear in from five to fifteen years after infection.

Cases of hereditary syphilis are very common and when one studies the problem of syphilis from the standpoint of the cost and wastage to the family, the community and to the state, this item looms up in gigantic proportions. Veeder (3) has collected some interesting data on this point. He finds that 10 to 30 per cent. of syphilitic marriages are sterile and 13 per cent. result only in abortion. Out of 331 pregnancies in 100 syphilitic families, he finds the following results:

131 (40%) died before term.
51 (15%) died after birth.
55% dead.
116 (35%) living but syphilitic (often feeble-minded).
33 (10%) escaped syphilis.

When we consider the above and add to it the physical condition of the parents, which most assuredly is below par, we begin to realize the tremendous wastage from this disease.

Method of Attack

Here again, prevention is the key-note and should ever be kept in mind. Briefly we may outline our campaign as follows:

(1) *Medical*—Treatment of syphilitics with Diarsenol and Mercury preparations, with frequent Wassermann tests to determine progress and efficiency of the treatment.

(2) *Educational*—Instruction of the public in methods of avoiding infection. Public drinking cups and towels should be condemned. The youth of the country should be judiciously informed of its nature and the consequences of the disease.

(3) *Environmental*—The industrial life of the masses, as well as their hours of recreation, should be safe-guarded from predisposing factors. It must be remembered that the majority of new cases of syphilis are lodgers who have no home life and to whom the street is the common meeting ground.

(4) *Moral*—Elevate the moral instincts, supplanting vicious tendencies by healthful diversion, and, in this regard, the words of Osler are *apropos*: "Personal purity is the prophylaxis which we as physicians (and social workers) are especially bound to advocate . . . . and nothing is better in carrying out this idea than advising hard work of body and of mind . . . . to carry out successfully any administrative or legislative measures seems hopeless, at any rate in our Anglo-Saxon civilization. The state accepts the responsibility of guarding against smallpox, measles, scarlet fever, diphtheria, but in dealing with syphilis the problem has hitherto baffled solution. Inspection, segregation and regulation are difficult if not impossible, and undesirable, and public sentiment is bitterly opposed to this paln. The compulsory registration of every case of syphilis with greatly increased facilities for thorough treatment offer a far more acceptable alternative."

Sanitation as it Was

(By Dr. A. P. Reid)

Formerly Provincial Health Officer, Middleton, N. S.

(Association of Medical Health Officers of Nova Scotia, July 4, 1916.)

The subject I presume to address you on is so large to treat, in extenso, that I will only refer to the more prominent points, trusting to your courtesy as my excuse. I have spent a long and very indifferent or inactive life working on those lines—preaching as well as practising sanitation—for Health is the pinion that supports and directs all our sublunary efforts.

This cardinal point I learned at a very early period in life, but I also learned much that was said about it was not true, and much that was true was not known, for all of the attention devoted to it by the most able minds of the past centuries far too often assumed truth, became fiction, and we were travelling on a morass. I presumed to enter the lists sustained by the fact, that "the race was not always to the swift nor the battle to the strong," and I did not class myself with the swift or the strong, for I soon learned that my ability was only fair to middling—because in every line of endeavour I found that I was surpassed by others. I learned also to counterbalance my defects by persistence in effort. A matter of very great moment is not to know you are whipped. Even if downed often, get up again and peg away. To attain an object find out all the favoring lines and then, what is of more importance, the unfavorable ones, too often glossed over. Lay down your course and hang on to it, meeting obstructions known and unknown. In fact, persevering effort is the only pathway to success. Your original lines may have to be

modified, but very rarely abandoned. One may have many neutral and physical defects that are irreparable, but anyone can cultivate perseverance, and this became my reliance.

Though somewhat handicapped, I also learned that what another could do, I could attempt and get on at fairly well. Though thirty miles a day was about my best walking ability, I have met men that could do that and more, and carry me as well. Yet on hundreds of miles of a stunt, I was on hand at the end. At college, by steady work, I always had some points above a minimum pass. Looking back on many a decade of years, I recall many of my companions on the barque of life, who set out with me—so many my superiors in all lines—men who achieved distinction, and deservedly so, but now those on deck can be more than numbered by the fingers; the others dropped overboard, and some of the brightest when not far on the voyage of life.

I also learned that the greatest demon of destruction was worry, worry no matter what the cause, and at the same time learned there was no occasion for it. Overcome worry and you put sanitation on the road to success. Teach and practice and make it a part of life, that we must accept the inevitable—death, injury, loss, hardship—then why not accept it and let it go at that? Take the best course visible, let the dead past go, and compel your mind to look to the future and never backwards, unless as a guide or a warning. "There is nothing so bad that it could not be worse," so sing "High diddle," or "Tipperary," even though your voice may be a little cracked.

You may say this moralizing is all very well, but it bears but lightly on sanitation. It is just this, when you know the conditions under which I absorbed my ideas, you may understand why I may differ with some experts. I paddled my own canoe since I can remember, assisted in my school days by teachers (sic) who illustrated just how it should not be done, with a two-foot ruler or a rawhide or a birch too generously applied. (I never knew a boy that amounted to much, though, that did not deserve the birch now and then.) But now, looking back, my earlier ideas are modified; I at that time, looked on school as a place of punishment for boys, but to me it became a mentor. It sharpened my wits and made me keep an eye to windward; it taught self-reliance and the power of observation, and the lessons there learned have lingered by my side every day of my life. When used to hard knocks, they cease to give rise to fear and tend to obliterate nervousness and worry, the bane of easy comfortable human existence, the bottom rung of the sanitary ladder.

Dirt and disease is a motto that requires qualification. Though often associated they are not synonymous. I think I may safely say that dirt (per se) causes no form of disease, but it does prepare the way. But a foreign element must be introduced, and to guard against this I consider the acme of sanitation—for immunizing the human race is only very partially practicable.

Asepticism is by all manner of means preferable to antisepticism which should only be used to remedy our defects in asepticism. We want prevention rather than cure.

The college, valuable though it is, did not so much favor what knowledge I may have, as that it assisted observation. I lived for a period with out North-West aborigines, and saw unlimited dirt, squalor, shades of starvation, exposure and fatigue—with extreme heat and cold and defective covering or protection—food often most repulsive and used from gorging to abstinence—from life sustained by flesh alone—down to roots and weeds and for periods on nil, water being the main stay, and the want of it, the most severe punishment, yet I cannot recall a case of dyspepsia or stomach trouble, coughs, colds, rheumatism, pneumonia, heart affection, typhoid or other fever, tuberculosis, syphilis or cancer, no gangrene in severe wounds. Death was only from war, accident, starvation or old age. The savages had no monopoly of good health. Those who wandered into these districts from civilization and co-mingled with the natives, enjoyed equal immunity. Those people were great sanitary instructors. We all recognize the supreme importance of pure air and good ventilation, pure water in abundance, bathing and steam bath, exercise, knowledge of and facilities for cooking, and above all sewerage and the removal of organic waste. All these the savages had in perfection, taking into account their customs and desires.

Their tents were open air domiciles. They camped beside the river or lake, giving bathing facilities that they used. All over the western plains we passed what were called "sweat houses." These were circular dome-shaped mounds about five to eight feet in diameter and two to three feet high, with a hole in the side, only large enough for a man to crawl through, and in the centre of the mound a cavity about one foot in diameter and the same depth, with some stones in it. Some were mounds of earth built on a frame work, and where this was not available a framework of willows or small sticks was made into the same form and when to be used was covered with skins to hold in the steam. The modus operandi: The bather made a fire and heated the stones, which were then placed in the hole in the centre, put a vessel of water in a convenient position, stripped and crawled through the hole in the side, curling himself round the central cavity. Then he poured water on the hot stones in quantity to produce as much steam as he wanted. The hot steam rose directly up (outside hole being closed) and diffused so that the bather could regulate the temperature and quantity. When finished he crawled out of the hole, all in perspiration, and jumped into the water beside which these sweat houses were located. In the wilds the steam bath was available at little cost or trouble, which cannot be said of these conveniences in civilization. These sweat houses were not torn down.

For exercise, it was their life work. Their bed was the ground which, when used to it, fills the bill O. K. Food varied with season and locality. Cooking, though primitive, filled the bill from a sanitary point of view. Whether they had cooking utensils or not, it did not matter

so much. An oven could be improvised by some small stakes of dry wood (not to give taste to the broil as green stakes would do) driven into the ground near the fire on which was impaled the roast. One stake would suffice for a small piece and this, placed in front of the fire, allowed the cooked portion to be eaten, while the other side of it (next the fire) was at the same time being prepared for consumption. Bread could be baked in a similar manner by winding the dough around the stake. If stones were available they served well for bread baking, as they could be heated, the dough placed on them and put in front of the fire, and baking went on from both sides. They always used unleavened bread. Any variety of vessel could be used to boil water in, be it metal, wood or grass —heated stones dropped into the vessel of water had it soon boiled, when the stones (or pieces of iron) were removed. One day we met some Indians at a halting place and gave them some flour, and as they had no pots or pans, we designed to lend them ours when they were emptied, but they were not required. A piece of cotton a foot square was fished out, and the flour piled into a cone in the centre, then a depression was made, and some water poured in, when mixing the flour began. Then more water was added and mixing continued until every scrap of flour was converted into dough and the cloth was never even dampened. The cloth was then rolled up and put away for future service, the dough placed round a stick, and the Indians had their dinner cooked and eaten ahead of us with our paraphernalia. Sanitary laws were not infringed, cleanliness prevailed, and the kitchen menage very limited. As to sewerage and organic waste, their method was perfection—our system reversed. We remove our detritus; they leave theirs in situ and remove themselves. As they never stay long in a place and make a rule not to camp twice in the same place, unless at long intervals, natural agencies are allowed to purify and disinfect. But if into this Arcadia we introduce disease it spreads fearful havoc, as they have not the partial immunization of civilization conferred by long exposure to disease agencies. At that time I was in a dilemma: "Why was this thus?" Medicine gave no sufficient explanation. There were innumerable theories more or less contradictory. The doctor was handicapped. This was before the time of Pasteur and the host of eminent men who took up his lead. Biology was an academic phrase that had no meaning for the every day work of the doctor. As a working theory or explanation I adopted that of Hippocrates—that an open air life, available food, moderate exercise, no worry and no excesses will conduce to health from the equator to the poles, as was continuously demonstrated. But the antithesis also was in evidence, my treatment of tuberculosis settled down to that of Hippocrates, which is that of to-day, but its modern explanation is of yesterday. My other guide was the Hebrew prophet Moses, the greatest sanitarian of all the ages. The man (no doubt inspired) that took a diseased enslaved people and welded them into a virile nation that no amount of ill usage, hard times, persecution, starvation, etc., can emascu-

late from them their supreme vital virility. His methods are detailed in Holy Writ, to which I would refer you.

Of nothing was I more convinced than that consumption or tuberculosis was hereditary and not infectious, but there was the possibility of cure by hygiene in its wide acceptance and so it remained until the tuberculosis bacillus was demonstrated by Koch and theory was displaced by fact. There is now no theory of spontaneous generation (that confounded dirt and disease), though it was the live question before the time of Pasteur who valiantly contended for the "omnum virum exovo" theory (all life from a preceding life), and in the environs of fifty years ago I was more than interested in this subject. Dr. Charlton Bastian ably contended for the spontaneous generation theory and not until Pasteur's demonstration was there much doubt of its correctness. The great conflict between these doughty defenders took place over "hay tea," which was specially prone to fermentation. Each repeated the other's experiments and got diverse results, and I thought that Bastian had scored the game. Pasteur unqualifiedly stated that boiled hay tea in a sterile, stoppered test tube, would not ferment, but would remain unchanged. Bastian triumphantly proclaimed that after most carefully carrying out Pasteur's experiments, after a time a growth took place in the assumed to be sterile hay tea. But Pasteur was not put "hors du combat"; his response was, after further experiment: "Hay tea boiled and kept sterile in a sealed tube may ferment, and this even when boiling has been kept up for about fifteen minutes, but if the boiling be continued for a half hour or over, there will be no regrowth, no matter how long it be kept in the sterile tube." And he gave as the explanation: "There are two elements to sterilize, the bacillus and its seed or spore. The former is killed by boiling, but the spore is more retentive of vitality and requires longer exposure to heat." A plant of wheat, oat or anything in fact when germinated is destroyed by a heat, has not much effect on the ripened seed of the plant. This we all know, but not the least of Pasteur's discoveries was the demonstration of the fact that microscopic life follows the same law as macroscopic life. Not until this fact became known did we know how to sterilize. Neither Bastian nor any other has been able to confute Pasteur's dictum, and the spontaneous generation theory passed into the shades and is now rarely ever mentioned.

This question had a commercial and economic value that was solved but not explained before Pasteur's time. It was assumed that the great cause of fermentation and putrefaction generally was the presence of oxygen; ergo, remove the air and with it the oxygen and you can preserve fresh organic substances, especially foods. The best way of doing this was by heat and blowing off, and it was successful and as a result we had canned goods, hermetically sealed, so called.

Time showed that oxygen was quite an outside factor and that air filtered through sterilized cotton wool had no influence in causing fermentation, etc.; ergo, the canned goods business should be a failure.

But these merchants "built better than they knew." Their process required such long application of heat, that the germs of fermentation as well as their spores were destroyed and the canning business is in increasing evidence.

In Nova Scotia, fifty years ago, travellers and strangers were few compared with later years. The great majority of the people were on farms and much in the open air. Even the towns and cities were not crowded, and though they had their share of dirt, they had not much disease, for dirt and disease are not convertible terms. But the crowding of people into the towns and the incursion of tourists, etc., changed social conditions. Vaccination had done away with small-pox, but vaccination gradually fell into desuetude. At one time vaccination and baptism were conferred on nearly every child, but to-day what a small percentage are vaccinated, as the last few years have demonstrated. As to baptism, it is not our theme. Without vaccination we are not safe, and you must try to do the almost impossible (except in Germany). I can sympathize with you, as I have been so many years at it, but I do not feel proud of my work. It is hard to succeed in an effort to move hebetude, and a thing there is no money in, when your subject has no personal interest of moment in it, and the crowning argument is: "Why can't we do as our fathers and grandfathers did?" But you must peg away.

Tuberculosis

I have been specially interested in this question for over sixty years, and the lines I would take for its treatment and eradication diverge somewhat from those now travelled on, which I feel confident will fail in possible success unless they switch into my line. This on its face may be questionable modesty on my part, but I must adhere to the above dictum. My ideas are no secret, as I have published them freely. To recapitulate:

First—I think that sanatorium system is an attempt to do the impossible, not that it should be abandoned, but that it should be put in its proper place, simply a special hospital to care for the afflicted. For it may assume to cure, and yet it cannot do more than any other hospital.

Second—It is rather a means of propagating than eradicating tuberculosis for these reasons. It gathers disease from all round, leaving the hot bed producing the disease practically intact. It returns patients more or less relieved to their homes, who in time may yet propagate the disease. In fact the sanatorium would become a social acquisition as any other hospital. My idea is to so arrange things that at some future time it would be extinguished for want of patients.

To illustrate, were there a lot of small fires in a forest, to extinguish them common sense would dictate, extinguish each one separately and render its spread impossible. The sanatorium idea is "gather all the small fires into one where it can be systematically handled," but proper consideration cannot be given to the surroundings of the numerous small local fires and the possibility removed as to their again giving trouble.

The sanatorium is a necessity as an hospital, but it is not the means to eradicate tuberculosis.

Third—Not until every domicile is run on sanitary lines (especially one that has harbored the disease, and how few have not done so), in fact a sanatorium—and it should be so even if there were no tuberculosis—can we expect to succeed. This no doubt is a herculean task, but it is imposed on us, and there is no way to avoid it. Hence all our efforts should be dominated by this idea, and in time we must succeed. But we must begin, and that on well considered lines. In crowded communities there is a problem to tax the skill of doctor, financier and business man, and it is going to be costly. The advanced idea of the "city beautiful," and spreading the city domiciles over a wider land area are moves in the right direction.

Fourth—The people must be taught individually, taught how to live sanitarily. This could be begun in the schools, but it must be run on different lines from that which now obtains in the so-called hygiene teaching. This teaching must be done in the domiciles and be practical. The teacher must be able to point out defects and at the same time be able to correct them, at the expense of the owner, or of the public if he be unable to pay. An unhealthy house is a menace to its vicinity. This must be kept up regularly and systematically until the end is attained, but every year the need will be less. All this means expense, but it is a hobgoblin compared with the saving of time and money that will result from the improved conditions. I fear we must first innoculate our politicians to pave the way for success.

Fifth—While eradicating tuberculosis it will include the whole host of infectious diseases. We cannot trust to antisepsis or a graduated immunity—it must be asepsis. I at one time thought I had some definitely accurate ideas as to the different phases of this malady, but now I fear my thumb nail would be large enough for their inscription—which could be expressed by the three letters nil. To illustrate, I think most tuberculosis experts would coincide in opinion, that one who had spent his life in the open air (in tent) on the prairie, at agricultural work, young, healthy, strong, who had been never a day sick in his life and was the picture of health, who knowingly had never been in contact with sick people or in much contact with anyone during three years, engaged in breaking up a prairie farm, would be free from risk of tuberculosis.

My son, aged 27, single, 5 feet 11 inches tall, weight about 170 lbs., filled all the above indications. The third year he got his house up and secured his deed on his way home for a visit. He appeared as usual on his return, but had a slight cough in the morning the last two days of his travel. He had not been in the company of sick people. As this cough continued I sent a sample of his sputum to the Public Health Laboratory and the report was "Tuberculosis." He still felt strong and well, but his admission to Kentville sanatorium was arranged for on first vacancy. He came home in November and got into the sanatorium about

the new year. In the meantime he was placed under strict anti-tubercular treatment. After about two months in Kentville, I had word to take him home to die. He got home from the West in November and died the following March, never once for one day showing improvement. He only lost weight towards the end; his appetite kept up, he slept well and had but little pain. He gradually sank. In all my experience I never met a case of tuberculosis that did not rally for periods more or less until this case of my son. No doctor that saw him could fathom the case. It was not miliary tuberculosis, as it measures life by days, not months.

After careful consideration I would hazard the following diagnosis: at some place, time unknown, he had become infected; the tubercle bacillus set to work slowly and steadily, but the young man's health and strength was such that it prevented any symptoms to cause alarm. This process continued until both lungs became infiltrated. Then, from some cause unknown, softening began at the lower left base, gradually spreading upward until the whole left lung was involved, then crossed over to right apex and progressed downwards until the whole right lung also was involved and the scene closed. Much as if you had two piles of shavings near each other and joined at a corner; a fire started at a distant part of the one pile could pass unchecked over both.

Gentlemen, I have taken up sufficient time to explain my ignorance and I have indicated the lines that experience has taught me are most likely to be successful in combatting the bane of sublunary life, not only of mankind, but of most of the vertebrate creation.

My life is one of many demonstrations of how small a human unit is, though fairly started, with average ability and a fair share of enthusiasm. And though like others born tired, I never had a fair chance to use this acquisition. And now in sight of the eightieth milestone he must honestly write down his accumulated and positive knowledge by a fraction too small to be easily recognized, yet the revered Longfellow in his "Psalm of Life" sums up the situation. I will only quote the idea in one of the stanzas, but not using his language (trying to gild burnished gold), because it looks to me so like a defect. But even, it is said, the Great Jupiter may nod. You can read the whole poem with pleasure and compare it with my version of the stanza to which I have above referred. We may—

"Leave behind us
Footprints in the sands of time;
"Footprints that perhaps another,
Marching with life's varied train,
Some forlorn and wearied brother
Seeing, may take heart again."

Gentlemen, farewell!

—"The Public Health Journal."

First Principles of Nursing

(By "A Private Nurse")

The dictionary tells us that a nurse is one who cares for the sick and the young. An honorable calling truly, for where will you find one which appeals more strongly to the best in us than the care of those unable to care for themselves?

We often hear that nurses are "born, not made," but to be successful nurses must have thorough practical and theoretical training. They must have a taste for that particular work, or they will not succeed, for unless the heart as well as the head is in the work, the outlook is poor. The nurse stands between the patient and the outside world, and must try to keep its worries away. No easy task where the patient is the bread-winner who knows that his illness in so many cases means the cutting off of the income, while the expenses are increasing alarmingly. Or in the case of the mother and housewife who cannot fail to be anxious and worried.

The nurse of necessity must be able to carry responsibility, for she will have plenty. She is responsible first of all to the doctor in charge. Her conduct towards him must be that of a soldier to a superior officer. There must be implicit obedience in the carrying out of his orders, and the greatest loyalty towards him. Unless this is possible she must give up the case. She will often be in the extremely difficult position of finding herself expected to express an opinion to the patient's friends as to whether she considers the treatment the doctor is ordering the best for the patient. Quite apart from the fact that she is there to carry out the doctor's orders and treatment, if she should so far forget herself and her position as to criticize the treatment, her patient would suffer as his confidence in the doctor would be shaken and probably his recovery retarded. She may have seen similar cases treated differently by other doctors, but she must always remember that there may be some reason she knows nothing of that call for other treatment. Certain complications may be feared, or personal peculiarities which affect the case. One great responsibility on the nurse's part is the careful observing and recording of anything connected with the patient. Nothing is so small but what it may be of importance. The doctor has to depend upon the nurse for much of this as the time he spends in the sick room must be short. It is not sufficient for her to say "He slept and ate well," but that "he slept from 2 to 4 o'clock, took two ounces of milk at one o'clock and six ounces at six o'clock." Was restless or quiet, perspired or not, the hours when there were movements from the bladder and bowels. The nurse's record and the patient's will seldom agree. When the doctor makes his visit he hears, "I did not close my eyes all night," but a glance at the chart tells him differently, and he knows which to place confidence in. The conduct between doctor and nurse while on duty must be strictly

professional. In private life they may be friends or relatives, but in the hospital ward, or the private sick room, they are doctor and nurse. The nurse has a duty and a responsibility to her patient. She is there to care for them, protect them in every way, and to endeavor to aid in restoring them to health and strength as soon as possible. She must win their esteem and respect by her own conduct. She must be firm as well as kind and gentle, for the sick man or woman is more or less like a child, and for the time being incapable of using their own judgment. A good nurse is cheerful without frivolity, tactful, and firm without giving the impression of being dictatorial. The least of her troubles will not be the patient's family and friends. They will resent her seeming usurption of their place and rights. They cannot understand why they are not allowed to have free entry at all times to the patient's room, that they may cheer him with talk of the things you are trying to keep from his mind.

A nurse who can win over the family and make them her friends has accomplished much. The nurse owes a duty to herself, and this is not in the spirit of selfishness. How can she give her best to her patient unless she herself is in good health. She must take her proper rest, food and exercise. Only amid fresh surroundings can she for the time forget her work and give herself something fresh to think about. This change is often a two-fold blessing; she herself is rested and refreshed and this must react upon the patient. Then if her patient is in the convalescent stage she will have something bright and cheerful to talk about and so help in his recovery. One of the most important things a nurse has to deal with in the care of the sick is the hygiene of the patient and the sick room. We are told that "eternal vigilance is the price of safety," and nowhere is this more true than in the care of the sick. We hear and read a great deal of how to treat different diseases and how to help people get better, but even now and most certainly in the near future we shall hear of and study the gospel of prevention, or prophylactic treatment. The nurse and the doctor of the future will strive largely to prevent instead of curing it. If thorough cleanliness of our bodies is necessary in health, how much more so in sickness, when poisons are at work and certain organs are not working properly to throw them off. Every part of the body must receive constant care to keep the pores open, to do away with unpleasant odors, as well as for general refreshment. There will often be opposition from the patient who does not want "to be bothered," but here tact will find a way. We often hear nurses accused of being extravagant with laundry and sometimes there is ground for the complaint, but how can a sick person be kept fresh and clean without clean clothes? The quality of the linen is of infinitely less importance than the quantity. Six plain unbleached cotton sheets are of much more value than two hemstitched, beautifully embroidered ones. Where many changes are necessary as in the case of a paralytic or unconscious patient there is nothing better than some plain flannelette sheets, which can be quickly and easily washed, need no ironing, and do not strike such a chill to the body as linen or cotton ones do. Care must be taken not to put them too close

to the fire, as they are very inflammable. In nothing is prophylaxis more important than in bedsores. Just as the burning of an unconscious patient by a hot water bottle, so is a bed sore a humiliation to a good nurse. The parts usually affected are those which touch the mattress, the elbows, heels, shoulders, buttocks, etc. There is moisture and sometimes rough, such as breadcrumbs, or even the wrinkling of the sheet or night dress will start an irritation. These parts of the body must be guarded and watched closely. They must be bathed, thoroughly dried, and powdered or rubbed lightly with alcohol. Crumbs must be whisked out of the bed at once, and if anything of the sort is complained of, investigate, and you will be sure to find something which is causing the patient annoyance. The first symptom of a bedsore is a pricking sensation similar to the feeling before a "cold sore" comes. The doctor's attention must be called to it at once, and his treatment carried out. Where a part is sensitive, relief can be obtained by the use of a rubber ring, or one can be easily and cheaply made with cotton batting and a bandage. The proper ventilation of the sick room is most important, and sometimes most difficult to carry out. Your suggestion of fresh air is met with, "Why, the thermometer is only 60!" A cold room is not always a well ventilated one, often quite the contrary. Where there are ideal surroundings and two or more rooms possible, the sick room can be aired with fresh air warmed before it enters the sick room. This is however the exception, and not the rule. A draught is most undesirable and harmful, but when a patient is in bed, screens can be so arranged or the bed moved so as to allow a free passage of air without exposing the patient to cold. More people take cold from bad air than they do from cold air. Air your room from the outside air and not from the exhausted air of another room.

Florence Nightingale said that windows were made to open, doors to shut. Another very important thing for a nurse to remember is, that while she has two eyes to see with, two ears to hear with, she has only one mouth and "a still tongue maketh a wise head." Everything she sees or hears in the home of the sick must be sacred. At no time will you come so closely into the inner life of the family, and so many things will be said and done which if spoken of to outsiders causes trouble. This is sometimes done not wilfully, but what is often worse—thoughtlessly.

FLORENCE NIGHTINGALE'S ADVICE

In a racy speech of reminiscences of hospital life, Lord Knutsford, who was recently elected to the chairmanship of the Poplar Hospital for the twenty-fifth time, told how he once asked Florence Nightingale to tell her experiences.

"No, I won't do that," she replied, "and I want you to remember this, and remember that an old woman told it to you: 'Never dwell on the miseries of the past. Think only of the happiness of the present and the possibilities of the future.'"

*Individual Responsibility in Promulgation of State Registration

(By Anna L. Tittman, R. N.)
Secretary Illinois State Board of Nurse Examiners

All honor and credit is due the Illinois State Association of Graduate Nurses for having fostered the Nurse Registration. The splendid organization has cared for this child—petted it, fed it, warmed it, stimulated it and snatched it from a premature death in the Forty-eighth General Assembly. This child has now grown to be an eight-year-old, robust, healthy, thriving, and we look upon it with a certain degree of pride. But maturity is yet to be reached and it still needs and still receives careful attention. It shall not be kidnapped nor adopted into another family not its own.

The Illinois law governing the registration of nurses is a splendid law—second only to one of the forty-two States, having registration laws. It was difficult to obtain, difficult to retain and deserves our greatest praise. It is the working basis of our best efforts; it is the hub around which the wheel of our progress revolves. Loyalty to it and knowledge of its provisions are consequently mandatory. Promulgation of it is our individual responsibility.

A general impression seems to prevail that this law is the sole property of the profession, or of the State Association of Graduate Nurses, or of the Board of Five Women appointed by the Governor, with the advice of the Senate, to administer its provisions. Not so. It is the law of these because it regulates the practice of nursing, but it also is the law of the whole people of Illinois. Its opening lines are: "Be it enacted by the people of Illinois": Its ultimate—ultimate purpose is to protect the people from inefficient nursing service. But, do the people know this is their law? A few perhaps, but they are comparatively few! Why do they not know it is their law?—Only one answer!—Its promulgation has been left entirely to organizations and a few scattered leaders, who have made a very good impression on the profession. But what of the public? How may the knowledge of the purpose of this law be disseminated and the gospel spread to the furthermost corner of the State? —One answer again—*By individual effort!*

Think of the opportunity of individuals!—The private duty nurse in conversation with her convalescent patient or with the head of the house—The institutional nurse with the medical profession, members of staffs, hospital boards, Training School Committees, Ladies' Auxiliaries, etc.!—The Public Health Nurse and her subtle influence on Public Officials, Social Service Workers, Mothers' Clubs, Improvement Leagues

* Portion of a paper read at the Twelfth Annual Meeting of the Illinois State Association of Graduate Nurses, November 9, 1915, Bloomington, Illinois.

and Educational factors of every description! I believe quiet, conservative publicity is worth while and I believe individuals can solve the situation of handing back to the people—*their law*. By this plan it will be possible to reach the thinking people, the neutral, the intelligent, the ignorant, the educated, the untutored, the prominent official and the inconspicuous private citizen.

But what can be accomplished by this plan? Six things in particular and many more not in particular.

First—Public knowledge of the law will cause the people to refuse to be imposed upon by the untrained or poorly trained, and cause them to seek the services of the nurse whose training and ability have the approval of the state.

Second—Public knowledge of the law will prevent young women from entering schools for nurses not equipped for giving proper training —the short termed school, the correspondence school or the long termed non-accredited school, graduation from which does not give standing or eligibility to State Registration. If you have ever talked with one who has awakened to the fact that she has been imposed upon by such a training, this point alone would spur you on to enlighten all young women that they may be saved the dreadful disappointment and embarrassment.

Third—Public knowledge of the law will cause recognized Training Schools for Nurses to provide training, which not only meets the minimum requirements of the Board of Censorship, but which can be accredited by Universities toward honorary degrees. It will cause better housing of nurses, and especial effort toward development of the cultural side as well as the scientific side of the pupil.

Fourth—Public knowledge of the law will cause educated women to see in the profession of nursing a well regulated field of usefulness, resulting in more and better qualified material entering our schools for nurses.

Fifth—Public knowledge of the law will cause R. N.'s to take a daily invoice of themselves to see if they are fulfilling the obligations of one worthy the title of R. N. It will not always be sufficient to flaunt an R. N. certificate in the faces of patrons or wear an R. N. pin upon the uniform. R. N. ability will be required and R. N.'s will need to continue in pursuit of knowledge to keep abreast of the times. They will then read their journals, attend their District and Alumnae Meetings and be *qui vive* to make themselves equivalent of newer, better trained material constantly pouring out of the Training Schools into the field.

Sixth—Public knowledge of the law will result in public support and if legislative troubles arise, it will be the cry of the people for protection and not the cry of the profession to protect the people.

Call this plan by the name of the latest comedy, "It Pays to Advertise," or call it a "Preparation in time of peace policy" if you like, but give it credit for not including one word or thought in favor of antagon-

ism, toward those who have not been impressed by the real purposes of State Registration. Antagonism never induces permanent success. "Evolution," not "Revolution," is a "bromidian term," but it describes our position. The slow, steady flowing of a little brook—the kind the poet sings about—"Men may come and men may go, but I go on forever"—the gentle flowing of the little stream, with a purpose, will wear away the strongest rock of opposition. Nine-tenths of the opposition to anything is lack of knowledge of that thing.

Do not misunderstand me to mean that I favor brass-banding our cause through the streets or placarding it on high buildings. Better too little said than too much. First know your law and then proceed with individual mouth to ear, heart to heart, mind to mind promulgation of State Registration.

Convoy Night

(By a Ward Sister)

"Will you get up, Sister? It's half-past two, and there's a convoy expected in half an hour."

Sister swathes her head in the bedclothes and tries to believe that it is only a horrid dream, but the switching on of the electric light in her room and the sound of loud knocks on the doors further down the corridors tell her that it is only too true; and a bad cold in the head notwithstanding, there is nothing for it but to rise and obey the summons. It must be a thankless job to be a knocker-up; surely no class of society is more unpopular.

A few minutes later she stumbles down the staircase, faintly lighted for fear of Zeppelins, and passes through the door into the hospital grounds. How different they look at such a time, when one turns out just awakened from heavy sleep! Familiar buildings one hardly notices during the day, loom up in the darkness, wrapped in silence and shadows. Hardly a light shows, a fine rain is falling, and the air is cold and pure. There is a faint perfume of wholesome earth, and autumn flowers. Here and there she sees the dim forms of Sisters crossing the grounds from their quarters, their white aprons and caps just glimmering in the distance.

The hospital is very quiet; nearly every patient is sleeping. By this time most of the restless and pain-racked have succeeded in snatching a few moments of peace. One shaded light hangs in each ward, and silence reigns, except for an occasional groan or stifled shout from some man who again in his dreams is at close quarters with the Hun. These nerve-strained men half tell many a strange and frightful story in their sleep, which they would shrink from putting into words if they were awake.

How cold it seems to the newly-roused nurses, as they crowd around the hot-water boiler in the corner of the ward corridor, their only fireplace, and drink hot tea the night staff have got ready for them.

Two of them sit on the floor on cushions, huddled as close as possible, and a third leans with her arms over the boiler top, shivering with cold. They talk and laugh in suppressed tones; any silly little joke is good enough to keep up their spirits, and prove to each other that they don't in the least mind getting up to do their bit for King and Country, and are not tired and chilly.

Twenty-four hours earlier the hospital ship left the shore "somewhere in France." Some 200 weary men are still on their way, wearier than when they started, their wounds more painful, their nerves still more upset by the movement of wave-beat ship and hospital train. No doubt by now their journey is nearly at an end and they are speeding through the deserted streets as quickly as motors can bring them.

Only the guests are wanting. Their beds are warmed, hot drinks and food await them, quiet, comfort and security and a warm welcome home. The free English air must be sweet to them. I have seen tears in many a man's eyes when he is lying in his first English bed, warmed and fed and clean and comfortable, with the inevitable "Woodbine" in his hand. One lad sobbed out, "I know you ain't real, Sister; you're not really there. I'm going to wake up in a minute and find myself back in that filthy trench again!" I should like to have brought his mother to put her arms round him and make him realize that he was safe home once more. These hard fighting men are only children at heart.

There is a warning hoot from a motor, and as we look out of the windows we see the headlights of a line of cars and ambulances coming up to the hospital grounds. There is another wait of a few minutes, and then a little crowd of "walkers" make their appearance, escorted by an orderly or two. Such poor things, dingy and mud-coloured from head to foot, their boots heavy with the soil of Flanders and France, and often stained with something else much more precious.

"Jocks" trying to give their kilts the usual jaunty swing, but too inexpressibly weary to keep it up; all footsore, dirty, battered, worn out heroes, who have given all they had to give, to save those who have stayed at home. After these come the men who are too helpless to help themselves, carried on stretchers and carefully lifted on to their beds, beds which perhaps they fill for a few hours only. If their time is come, surely it is worth the pain and the stress of the journey to be brought back and laid to rest in the soil of that dear old England for which they have died.

And the rest? How soundly they sleep that first night. A hot drink, soap and water, clean sheets, a cigarette, those best of sedatives. They are dozing off with a jest on their lips, almost as soon as their heads touch the pillow.

The night is nearly gone and already dawn is stealing across the sky. The Sisters, now thoroughly wide awake and energetic, return to their

rooms to try and steal another hour's rest before they are again summoned to their daily work—

"The trivial round, the common task,
Will furnish all we need to ask,
Room to deny ourselves, a road
To lead us daily nearer God."

—British Journal of Nursing.

The Feeble Minded

(By Bertha Winn, Director Child Study Laboratory, Victoria, B. C.)

(*Continued from December issue*)

I have previously stated that it is the group on the border-line between the feeble-minded and the normal upon which the attention of the sociological and psychological expert is focussed to-day, and for the reason given before that to the superficial observer most of these cases pass for normal. This being the case, every possible explanation is made for their social and moral shortcoming—but the right one. If only preventative measures could be applied in the early stages of development, think what might be saved to the community in terms of money, life and morality! The presence of these people at large in our community, spreading immorality, disease and crime, I believe to be the greatest menace to our social structure to-day. They are the precursors of race degeneracy and social decay. The consequences of their low standards of existence are such as to render inevitable the most direful results upon all human life. Labour as we may, we can never bring them to the mental level where they can cope successfully with even the simplest of the problems of life. Feeblemindedness is no respecter of blood or caste or race. It finds its way into every status of society, into the blood of every race. Rich and poor, high and low, may fall a prey to its depredations and its hereditary strength is augmented by myriads of unpropitious factors in environment. Alcoholism, poverty, squalor, indecency, immorality, incompetency, lunacy are its offspring. Constant begetting, constant cursing is the programme of action; and a dreaming world looks on and knows not where to begin to arrest it in its progress. "But," you say, "these are only generalities. Where are all these people? Have we them in our midst?" My answer is, "Come with me to the wretched hovels found on the outskirts of our small towns; to the slum districts of our large cities; to the police stations, jails, prisons, reform schools, houses of refuge, orphan asylums—in short, all institutions for the custodianship of public wards; or accompany the city nurse, the city doctor, the commissioners for the Children's Aid and Friendly Help on their round of visits; and you will have abundant demonstration of the fact that

most of our social and moral disorder springs from the presence of a class in our midst whose individual members are anti-social in their tendencies and total misfits in an organized society."

In the matter of juvenile delinquency alone, parental neglect, adverse home conditions and feeble-mindedness are held to be the three leading causes. Social welfare workers, health inspectors, doctors, ministers, lawyers, teachers and laymen devoting themselves to charitable work. will tell you that the condition of defectiveness is the unsurmountable obstacle in the path of human progress and that unless something is done to stop the ever-increasing propagation of these degenerates, the very health and sanity of our race is threatened.

Where and by what means shall we begin the work of reconstruction? First of all a plan of co-operation must be agreed upon by members of all those professions and callings which have for their object the alleviation of human woes and human wrongs; the moral and spiritual uplift of character. Second, let a careful investigation be made of every case of social "unfitness." Study the social composition of every public institution that assumes the care of dependents and delinquents. Study the individual cases with reference to correcting every injurious factor that may have entered into their present condition. Obtain the most accurate history possible of each case. Ascertain what causes are removable, what defects are curable, what symptoms are remediable. By a natural process of elimination our subjects will fall into two main classes: the potentially fit and the potentially unfit; the mentally sound who have accidentally fallen into misfortune and the mentally unsound who have drifted into it because they had not the capacity to do anything else.

But the work of reclamation must begin before our unhappy victims have been set adrift in life's seething, whirling conflict, where the wisest and the strongest often fail. They must be rescued while still children, if we are to divert their feeble energy into channels of usefulness and save them from the tragic fates which must inevitably overtake them as a result of their weaknesses. And now that education is pretty generally compulsory, it follows that the school is the best place in which to discover them and to classify them.

Enough has been said of the social and moral status of this class to enable you to draw the line between normality and sub-normality. Mentally, the difference is one of potentiality; socially, the distinction is made on the basis of the ability to lead an existence independent of the support or protection of others; to manage one's affairs with prudence and foresight; to lead a decent and orderly existence; to perform acts that are expressions of common sense and a sane control of the emotions and the will.

My readers will forgive me if I seem to have said nothing new in these pages. I have only enlarged upon the facts previously stated for the sake of emphasis. If I am guilty of repetition it is that I wish to put

the problem definitely before your mind that you may be stirred into action concerning an evil that lies at our very door and is a constant threat to our peace and safety.

In my next paper I shall deal with the causes underlying feeblemindedness and will point out the relation it bears to inebriacy, poverty, vagrancy, lunacy, prostitution and other forms of crime and indecency.

The Regimental Doctor

(By Touchstone)

Where swathes are mowed by lead and steel,
The Regimental Doctor goes.
His task amid the wreck to heal
The wounds alike of friends and foes.
The air is rent with sounds of strife,
But all unmoved he meets the storm,
Striving to keep the breath of life
Within some maimed and shattered form.

His deft hands strip and staunch and bind,
Speedy but unperturbed and sure;
He faces with a quiet mind
All that a soldier may endure.
And while the shrapnel wails and sings
Above the reeking, stricken plain,
His little stabbing needle brings
A merciful relief from pain.

Not his to give back blow for blow,
When passion surges to its height,
To hurl the foeman back, to know
The exultation of the fight.
Not his to win a victor's fame,
Only to toil while he has breath,
Healing the men that war may maim—
A hero, faithful unto death!

—Daily Mail, Overseas Edition.

THE CURE ALL

The cure for all ills and wrongs, the cares, the sorrows, the cries of humanity, all lie in that one word, "love." It is the divine vitality that everywhere produces and restores life. To each and every one of us it gives power of working miracles if we will so to do.—*From All That's Lovely.*

Editorial

The dates for the two Conventions have been at last arranged. The Canadian Society of Training School Superintendents will meet in Montreal June 12th and 13th, and the Canadian National Association on June 14th and 15th. Must important business has to be transacted; the Constitution and by-laws of each Association are up for changes to suit present needs, and other important matters are to be brought up. It is to be hoped that a really representative meeting will be held, delegates coming from each affiliated society as well as all nurses interested in the nursing progress of Canada. We can never make our National Association truly national and a force in the Canadian nursing world till we each feel it our own particular duty to attend these meetings and hear and be heard on questions vitally important to us all as nurses. If we had been a real power in Canada, would the selection of army nurses to go overseas have been left to anyone but the National Association of those who naturally want only the best fitted in every sense of the word to care for our men—our own relatives and friends who gave themselves so willingly, and who have the right to expect only the best of nursing? Instead of this, in too many cases, what was it but "pull" that got some nurses overseas—women who were not physically fit, others who were not qualified? This is only one of the reasons or proofs why we must march shoulder to shoulder in nursing matters involving principles, and isolated units cannot know nor get the relative values of things shared by us all unless they meet at these Conventions. So plan to come, even at inconvenience and cost, feeling that you are really helping all branches of nursing to become standardized, and the Association as well as each nurse a real power in the country.

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We are pleased to hear that Saskatchewan is busy with her Registration Bill, with hopes of passing it at this session. Any news of their success will be welcome to the rest of the country, still patiently pegging away to the same end.

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After many years of very different views on Registration, and other nursing matters, the different nursing parties in England have compromised over the College of Nursing. Each has had to give up points considered most important, and the compromise is considered very far from a perfect ending by those most interested in the higher standards and standing of nurses. However, it affords a common ground and perhaps more can be done there than on the widely opposite points held by each before.

At the present writing, the United States seem very close to war. How thankful their nurses must be to feel that, profiting by sad experiences, they in times of peace have prepared for war. Their Red Cross Nurses are all graduate nurses from recognized training schools, and have to be vouched for most carefully. To say that a nurse is an American Red Cross Nurse means a nurse of definite standing. No semi-trained or untrained woman can "get in" and take the place that is not her's. Perhaps we, too, may learn our lessons well brought out by the saddest school of experience we could have had. So many of our nurses have done such fine work as war nurses, that we feel most keenly that sufficient care has not been always taken to keep the field for them only. Are we not a little to blame in not keeping the point before the Associations that a combined protest and working scheme may clear it up?

High Cost of Impure Water

A recent report by George A. Johnson, water supply expert, exposes some very interesting facts respecting water filteration. The great benefits and, in many cases, the urgent necessity of filtering the water supplied to communities is clearly recognized, but its vital importance can only be realized by a thorough investigation, supported by the convincing data contained in this paper.

The figures given are for the United States, but, with due regard to proportion, apply with equal force to Canada.

Mr. Johnson states that if the urban population of the United States were supplied with filtered or equally pure water, 3,000 lives would be saved annually, and 45,000 cases of typhoid fever prevented, representing in vital capital some $22,500,000 annually, or the interest on an investment of $375,000,000. In the United States an urban population of 30,000,000 persons is still supplied with unfiltered water; the cost of supplying filtered water to these, including fixed charges and operation of plants, would not be more than $12,000,000 per year, or about one-half the present annual loss in vital capital due to non-filtration.

Twenty million people are now being supplied with filtered water at a cost not exceeding $8,000,000 or 40 cents per capita per year, and the results of water purification always show a big balance on the right side of the ledger.

In the United States, 300,000 persons suffer annually from typhoid fever and 20,000 die of it. Valuing the human lives lost at $3,600 each, and allowing for lost wages and medical attention $200 for each case of the disease, the annual toll from typhoid alone amounts to $130,000,000. —Conservation.

In the Annual Report of the American Association for Study and Prevention of Infant Mortality for 1915, the President, Homer Folks, LL.D., of New York, in his opening address, "Are Babies Worth Saving?" says some very splendid and illuminating things.

He divides his subject into three parts: (1) What are the underlying purposes of infant welfare work? (2) How large an opportunity have we before us? (3) What are the agencies on which we must chiefly rely?

(1) The outstanding fact as to the underlying purpose of the infant mortality movement is that the work is *preventive* rather than *remedial.* The infant welfare movement has changed from dealing with the few for curative purposes to deal with the multitudes for preventive purposes.

It is a common-place that *birth registration* is a first essential to the infant welfare movement. We have to know where all the babies are before the plans can be carried out; another common-place is that the work of the Association is 80 or 90 per cent. *educational.*

Infant welfare work cannot be regarded as simply preserving the unfit, but as raising the level at which the struggle for existence occurs. It is on exactly the same footing as every other advance in preventive medicine.

(2) Nothing stands out more clearly in the history of the last decade or two than that a very large amount of infantile illness and mortality is preventable, and that it can be prevented very speedily at moderate cost, and with relatively little effort. The substantial reduction of infant mortality is simplicity itself. In fact, the fall in the infant death rate which follows upon any reasonably efficient infant welfare work is so rapid as to be almost startling. We can visualize to some extent the lives saved in some localities. We cannot visualize so readily the enormously greater volume of healthy childhood leading to vigorous and efficient manhood of which the reduction in mortality is but the index.

(3) Public health generally is a public function, and infant welfare is an integral, almost inseparable part of the public health problem.

There should be a state-wide activity. The state health authorities are clearly indicated as the agency for promoting local infant welfare work. But it is very important that there should be parallel with the state official, child hygiene division a state-wide voluntary organization, either devoted directly to infant welfare or including the general subject of public health in the range of its interests.

Dr. Homer Folks ends his address with the hope that we may secure a nation-wide recognition of the fact that infant welfare is a vital factor in national welfare.

We must not forget that no other form of preparedness is more vital than the conservation of human lives on whom, in the last analysis, must depend the safety of the nation from foes within as well as from foes without.

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

A PRAYER FOR PEACE

"O God, King of Kings, and Lord of all Powers, we implore Thee to look compassionately upon the nations of this world. Save our own people from war and free us from the sins and follies that lead to it. Deliver those who are at strife from their awful agonies and desolations, and move both them and us to such love and zeal for universal justice and equity, righteousness, holiness, and brotherly kindness that they and we may speedily find and establish the ways and means of permanent internal and international peace, and the Kingdom of Christ fill the earth. —Amen.

GEORGE W. CABLE.

Dr. de Sandfort (of Paris) has now treated some 700 cases of burns received at the Front from shells, liquid gases, &c., by parafinotherapy and ambrine. Ambrine is rapidly winning recognition, and many French doctors are anxious to open additional hospitals in the fighting zone. Dr. de Sandfort states that in view of the cold weather, the treatment is even more important for frostbite than burns.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The monthly meeting of the Canadian Nurses' Association was held in the Club House on Tuesday evening, January 9th, when the members hoped to hear a great deal about the work in France from Mrs. Henderson, who recently returned, but her husband, Dr. John A. Henderson, Prof. of Anatomy at McGill University, died very suddenly of pneumonia, and our heartfelt sympathy goes out to her in her bereavement.

We regret to hear that Nurse Helen Mathias has been very ill, and will not be able to take up her work again for some time.

The Edith Cavell Chapter of the I. O. D. E. was entertained by the Municipal Chapter and refreshed with tea while doing Red Cross work in the Southam Building on Tuesday afternoon.

Dr. Maude Abbott, of McGill University, has had a delightful sketch of the life of Florence Nightingale published with 15 portraits of the Queen of Nurses. The book is entitled, "Florence Nightingale, as Seen in her Portraits," and copies may be had at the Club House, 638-a Dorchester Street west, Montreal, Que. Cloth, $1.25; paper, 75 cents. Profits to be given to the Canadian Red Cross.

After two weeks' illness from pneumonia, Miss Ethel May Higgins, eldest daughter of Mr. and Mrs. Frederick C. Higgins, of 70 Waverly Road, died recently. She was born in Toronto twenty-two years ago, and attended Moulton College. In November last she graduated from Grace Hospital, capturing the Vander-Smissen Medal, the Anaesthetic Prize, and taking highest marks in social service. She is survived by her parents, one brother and four sisters, all of Toronto.

The Nurse's Library

Public Health Nursing—By Mary Sewall Gardner, R. N., Superintendent of the Providence District Nursing Association. President of the National Organization for Public Health Nursing. With an introduction by M. Adelaide Nutting, Professor of Nursing and Health, and Director of Department Teachers' College, Columbia University, New York. The Macmillan Company, New York, Publishers, 1916. All rights reserved. Price, $1.75. Canadian Agents, Macmillan Co., Toronto. It is difficult to find any nurse who would not be interested in Miss Gardner's book; but it appeals especially to those who are planning to do that kind of work, or are already doing this branch of nursing. It is to be hoped that before any organization starts any new work that they will study the chapters on organizing before doing it. Miss Gardner shows such an understanding of every difficulty, and each solution, that her book will be invaluable.

The Prevention of Disease—by Kenelm Winslow, B. A. S., M. D., formerly Assistant Professor of Comparative Therapeutics at Harvard Medical School, 12mo of 348 pages. Philadelphia and London. W. B. Saunders Company, 1916. Cloth, $1.75 net. Canadian Agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont. The Prevention of Disease, a plainly written, interesting book much needed in these days of fads and a smattering of knowledge held by the average person on medical matters, or those pertaining to health. As Dr. Mayo says in his introduction, "For too long a period medicine has been looked upon as more or less associated with mystery, and for this reason all sorts of mysteries have crept into it through many cults and isms and many practices and pathies. Such training as it has been possible for the public to receive has often been obtained from the direct advertising or faked medical news items in the papers and magazines of the day." This book should be in the library of each family for ready reference.

Relative Values in Public Health Work—By Frantz Schneider Jr., New York, Department of Surveys Exhibits, Russell Sage Foundation. This small pamplet endeavors to help the public health officers to solve their ever present problem of how to spend the relatively small amount of money at their disposal in the most efficient way. As to what can be done with preventable diseases, some of the tests given by the author are the damage done by them, their preventability, cost of prevention, and communicability. This pamphlet gives so much information in a condensed form that it will be of great value to all social workers as well as to those for whom it is first intended—the Public Health Officer.

Bacteriology and Pathology for Nurses—Second edition, thoroughly revised, by Jay G. Roberts, Ph. G., M. D. of Oskaloosa, Iowa. 12mo of 210 pages, illustrated. Philadelphia and London: W. B. Saunders Com-

pany, 1916. Cloth, $1.25 net. Canadian Agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont. This is the second edition of this most practical book. It is easy to see that the author has taught pupil nurses these subjects, for in very few words, and with a simplicity that makes it easy to comprehend, he makes these subjects interesting to both pupils and the instructor. It makes an admirable text-book for training schools.

Orthopedic Surgery for Nurses—By John McWilliams Berry, M.D., Clinical Professor of Orthopedics and Rontgenology at the Albany Medical College, New York. 12mo. of 97 pages, with 72 illustrations. Philadelphia and London: W. B. Saunders Co., 1916. Cloth, $1.00 net. Canadian Agents, The J. F. Hartz Co. Ltd., 24-26 Hayter Street, Toronto, Ont. This little book will give to the nurse whose training has not been in children's hospitals, an opportunity to enable her to recognize orthopedic deformities, and learn something of the prognosis and treatment, to make her work more interesting, and the knowledge valuable in her profession. It is fully illustrated. The chapter on Weak Feet should help the nurse with her most frequent trouble—sore feet.

Letters to The Editor

THE MIDWIFE QUESTION

Dear Editor:

So much has been said and written about the "Old Country Midwives" that I feel I should like to shake the hands of Miss Hutley and "S. M." for their letters in defence of these women. When I was in Vancouver I knew of more than one doctor who would not (if they could help it) have a nurse on an obstetrical case unless she were a member of the C. M. B. We could all sit down, if we so wished, and write our experiences that might not reflect credit on those concerned. Among Canadian nurses there is a prejudice born of ignorance, and I think our Canadian nurse can serve a better purpose than attacking a band of women who are doing such splendid work both at home and abroad. I am an English woman, a Toronto graduate, and a lover of fair play.

Yours very sincerely,

Subscriber.

THOUGHTS

To realize always clearly that thoughts are forces, that like creates like and like attracts like, and that to determine one's thinking therefore is to determine his life.—*Ralf Waldo Trine.*

Hospitals and Nurses

NEWFOUNDLAND

Miss Reid has been appointed Matron of the Military Hospital in St. Johns, opened a few weeks ago. Miss Reid is a graduate of the General Hospital, St. Johns, and held the position of Sister at the Military Hospital, Donovan.

* * * *

NOVA SCOTIA

Mrs. Bowman, Superintendent of V. G. H., Halifax, is in Toronto, on account of the illness of her father.

The last monthly meeting of the N. S. G. N. A. was largely attended. Dr. Blacader addressed the nurses and gave a splendid summary of the war. A pleasant gossip over a cup of tea followed.

The Nurses' Association has affiliated with the Woman's Council, and the monthly meeting is held at the Council House.

A chapter of the St. John Ambulance Brigade is about to be formed in Halifax from members of the St. John Ambulance Association. Several members of the N. S. G. N. A. had large classes during the winter.

The Secretary, Mrs. Bligh, has been obliged through illness to take a short rest.

* * * *

NEW BRUNSWICK

Miss Mildred Akerly, G. P. H., St. John, N. B., 1913, who has been in Harrington Harbor Hospital, Labrador, for the past fifteen months, has returned to St. John.

Four of the St. John graduates have gone overseas since January; Miss Bessie Graham, Miss Florence Fear, Mrs Fos and Miss Alice McIntosh.

Miss Edna Duthie expects to leave this month for overseas.

Miss Marvin, night superintendent, is leaving and her place will be taken by Miss Eva Smith, 1915.

Miss Marvin will leave St. John in April for Edmonton, where a happy event will take place on her arrival.

The Nurses Red Cross Club (graduate and pupil nurses) meet every Tuesday evening and sew for our boys at the front. This winter we are making field shirts and socks and we enjoy this evening very much.

QUEBEC

Mrs. (Dr.) Fred MacKay, formerly Miss Marion Crowell, Class of 1911, is spending a few weeks in Montreal and Ottawa prior to sailing for England. Dr. MacKay went overseas with the C. A. M. C. early in the war.

The engagement has been announced of Miss Geraldine Tessier, class of '15, to Mr. Roy Smith of Moncton, N. B. The marriage is to take place early in the summer.

Miss Mabel Sinclair, class of '14, was married on January 5th, to Mr. Joseph Knox, of Swastica near Cobalt, Ont.

Miss Byfield, class of 1898, spent the Christmas holidays in Montreal and Ottawa. She has returned to Spring Lake, N. J., to resume her nursing duties.

Nursing Sister Mabel Clint, class of '10, who has been on duty in France and Lemnos since early in the war, is now in Montreal with her aunt, and is, we are glad to say, gradually regaining her usual health. It will be remembered that Miss Clint was very ill in Egypt after her arduous work in Lemnos.

Miss Hart, class of '04, R. V. H., was in the city for a few days on her way from Saranac, where she had been visiting the Sanatariums, as she is taking charge of one in Kentville, Nova Scotia.

The opening of the Ross Memorial Pavilion for private patients, in connection with R. V. H., has made many changes in the Hospital. Miss Felter has charge of the operating department in the new building, Misses Prescott, Griffin, Eakin and Bellhouse in charge of the different floors. Miss Henderson, a graduate of Mount Sinai Hospital, New York, is day superintendent, and Miss Legge is night superintendent. Miss Penny is at the head of the diet kitchen. The Pavilion accomodates one hundred and twenty-five patients.

Nursing Sister Jane Glendinning, class of '14, R. V. H., who has been home on extended sick leave since September, has gone to resume her work overseas, looking quite herself after her much needed rest. She passed through Montreal early in January.

Miss Marion Hague, class of '16, R. V. H., left her home in Kingston, Ont., on January 3rd, 1917, for overseas duty.

Nursing Sister May Cornell, class of '02, R. V. H., who has been home on leave from the Q. A. I. M. N. S., has been transferred to the C. A. M. C., and left for England, via St. John, on January 12th. Miss Cornell spent a night at the R. V. H. and gave a most interesting account of her work and travels.

Miss Gertrude MacKenzie, class of '03, R. V. H., has been appointed matron of the Lochland Hospital, Halifax, N. S.

ONTARIO

COLLINGWOOD

Miss Lillian Morgan, class 1914, was married on Tuesday, December the 26th, 1916, to Mr. Arthur Cotterill. They will make their home in Akron, Ohio.

Word has been received that Miss Mary Robinson, who left Collingwood to join the N. A. I. N. S., has landed safely in Malta.

Miss Minnie McDonald, class 1908, has joined the nursing staff at the Base Hospital, Toronto.

Mrs. Arthur Cotterill, nee Miss L. Morgan, spent the New Year with friends in Collingwood.

Miss M. McCulloch, superintendent of the General and Marine Hospital, spent Xmas day at her home in Guthrie.

Miss Ford, head nurse of the G. and M. Hospital, spent the New Year in Barrie.

At the annual meeting of the Guelph General Hospital Alumnae Association, the following officers were elected: Hon-President, Miss Forgie; President, Miss Frew; First Vice-President, Miss Watt; Second Vice-President, Miss Gibson; Secretary, Miss B. Richardson; Treasurer, Miss I. Watrous; Sick Visiting Committee, Miss B. Miller (Convenor), Miss Anderson, Miss Henry; Canadian Nurse Correspondent, Miss Cross.

A pleasing event took place recently at St. Vincent de Paul Hospital, Brockville, when diplomas and pins were presented to the graduating class of 1917, in the presence of the medical staff, visiting clergymen and relatives of the nurses.

Addresses were given by Very Rev. Dean Murray, Dr. A. J. Macauly, Dr. Malony and Dr. Mitchell. Flowers were presented by Miss Helen Shea to the five nurses, namely: Miss Mary R. Lavallee, Arnprior; Miss Mary P. Hogan, Perth; Miss Ethel Matthewson, Arnprior; Miss Elizabeth O'Sullivan, Belleville; Miss Mary E. Tanguay, Lindsay. A tea and reception followed.

The monthly meeting of Kingston General Hospital Nurses Alumnae was held on Tuesday, Jan. 9, at Nurses' Home. A good number in attendance and a great deal of business transacted. Mrs. S. F. Campbell was appointed vice-president, the former vice-president, Mrs. W. J. Crothers, having resigned.

Miss A. M. Mochar, president of the Kingston branch of the National Council of Women gave a very interesting talk on the work being done by that organization. Miss Bureau then gave a talk on "Equal Franchise" and asked our opinion on the subject.

Four delegates were appointed to attend the meeting to be held in February of National Council of Women, to cast their votes, also two delegates for the latter.

HAMILTON

Miss Curphey, class 1912, has enlisted with the Queen Alexandra's Imperial Nursing Service for another year.

Misses Boyd and Buckbee expect to leave very soon for England to enlist with the Queen Alexandra's Imperial Nursing Service.

A cablegram has been received from Misses A. C. Doyle and I. A. Morden, announcing their safe arrival in England.

Nursing Sisters Carr and Aitken are at No. 2 Stationary Hospital, Bologne, France.

The following nurses are at present on the staff of the local Military Hospital: Misses Taylor, Monteith, Fitzgerald, Simmons, Burwick and Mrs. Malcolmson.

We regret to hear of the illness of Nursing Sisters Anne Cameron, France; Catherine Irwin, England; and M. H. Taylor, Hamilton Military Hospital.

Miss Carrie Lannaway, (H. C. H.), of Dubugee, Iowa, was a visitor in town during the Christmas holidays.

Miss Margaret Walker, (H. C. H.), School Nurse at Swift Current, Sask., was in Toronto recently and paid a brief visit to Hamilton friends before returning west.

Miss Fenby is doing Victorian Order work in the city.

* * * *

MANITOBA

The St. Boniface Nurses Alumnae held their annual meeting at the Hospital, during which the election of officers for the coming year took place.

A very interesting lecture on "Women's Part in the War" was given by Dr. Ellen Douglas, after which a delightful tea was given by the Sisters, at which the graduating class assisted.

Our new Superior at the hospital, Sister St. Jean de l'Eucharisto, has been for the past seven years in charge of the surgical departments at St. Vincent's Hospital, Toledo, Ohio.

Miss Belle Brown is again spending the winter in California.

Our girls overseas were each remembered with a Christmas gift from the Alumnae.

We are pleased to see Miss Chrisholm back on duty after her recent illness.

Interesting letters were received lately from Nursing Sisters Quinn, C. A. M. C., at Moor Barracks; H. Foggarty, Granville Canadian Special Hospital, Ramsgate; and Sister Didion at Salonica, and many others.

Miss Hay returned to the city after spending a pleasant holiday at the coast.

Nursing Sisters Gordon, Paul, O'Rourke and Rogers are in charge of the Military Wards at the Hospital.

Nursing Sister E. Oliver, class 1914, C. A. M. C., left last week for overseas duty.

* * * *

BRITISH COLUMBIA

Miss Kathleen Vanettae, 2647 Manitoba Street, a graduate of the Vancouver General Hospital, has accepted the position of public health nurse for the province of Manitoba.

Miss Sarah Gillies, (V.G.H.), has accepted a position in the military hospital in Hongkong, and has left Vancouver to take up her work there.

The following are among the nurses who have recently joined the Q. A. I. M. N. S., Misses E. Grant, M. Bennett, V. Clarke, M. Paget, C. Daniels, Kay, Cameron, Keene, Jones, and Grey.

The Graduate Nurses' Association of New Westminster and pupil nurses of R. C. H., have pledged themselves to give seventy-five dollars to the furnishing of beds for the Military Wing of the R. C. H.

The regular monthly meeting of the Victoria Graduate Nurses Association was held January 9th, at the Nurses Home, Royal Jubilee Hospital. It was decided to give a bursary for the most efficient nurse in her first year at the Jubilee and at St. Joseph's each year of twenty-five dollars. A social evening was spent.

Miss Kathleen Ellis has received the appointment of Matron at the Esquimalt Convalescent Home.

The annual meeting of the Vancouver Graduate Nurses' Association, was held on Wednesday, January 10th, at the Nurses' Club, Vancouver, B. C.

After the roll-call and the minutes of the last meeting were read, a presentation on the behalf of the Association was made to Mrs. Broom, (Miss Barnard, grad. M. H. M. Hospital, New Hampshire), on the occasion of her marriage. A silver bonbon dish with the good wishes of all the members.

The annual reports followed: Registrar's report for the year ending December 31st, 1916, showed number of nurses registered, 124; number of calls, 1340.

Secretary-Treasurer's report showed, number of members December 31st, 1916, 79, of which ten are on active service.

Bank balance $91.37; principal expenditures, Canadian Patriotic Fund, $45.00; Sick-Benefit Fund, $136.75; Wool for socks, $41.30.

The following officers were elected for 1917: President, Mrs. M. E. Johnson, re-elected; First Vice-President, Miss Bone; Second Vice-Presi-

dent, Miss Jeffers; Sec.Treas., Miss R. Judge, re-elected; Executive Committee, Mrs. Broom, Miss Snyder, Miss Breeze, Miss Callin, Miss Dauphnee.

The following motion from the last meeting was then discussed and voted on: "That the Sick-Benefit suspend the payment of all funds until 1918, the moneys to be allowed to accumulate," and was carried unanimously.

After the meeting adjourned, tea and refreshments were served.

V. G. N. A. Military Hospital Bed

At our February meeting seventeen members subscribed to the above bed. Much interest was shown amongst the nurses present, and we hope that our sister nurses who were unable to attend our February meeting and who wish to subscribe, will bring or send in their donation on or before March 7th, monies to be addressed to "Mrs. J. D. D. Broom, Convenor Bed Committee, 206 Holly Lodge, Vancouver, B. C."

Miss Bertha Marsden, (Graduate Royal Jubilee Hospital, Victoria, B. C.), has been appointed assistant superintendent of the Esquimalt Military Hospital.

The quarterly meeting of the Graduate Nurses' Association of British Columbia, was held on Saturday, January 27th, 8 p.m., at the Royal Columbian Hospital, New Westminster, B. C.

There was a good attendance, including representatives from Victoria and Vancouver.

In the absence of the president, Miss Randal,1st. Vice-President, took the chair. After the routine business was completed some very excellent papers were given. Miss Grimmer, school nurse for Victoria, read a paper on "School Nursing" with special reference to the care of the teeth, concluding with some notes on the same subject from a pamphlet by Doctor Young, Minister of Education.

Mrs. Johnson, president of the Vancouver Graduate Nurses' Association, gave an address on "The Nursing Problems of British Columbia." While she did not attempt to solve the problems, Mrs. Johnson was able to suggest some very excellent lines for the nurses to work along that would certainly go a long way towards helping straighten them out.

A paper on "The Evils of Twenty-four Hour Duty" from the Pacific Coast Journal, was read by Miss Randal and some discussion on the subject followed; after which a vote of sympathy to Mrs. Brown for not being able to be present on account of ill health, was proposed by Miss Stark, President of the New Westminster Graduate Nurses' Association, with a vote of thanks to Miss Sinclair, superintendent of the Royal Columbian Hospital, for her hospitality in entertaining the Graduate Nurses of British Columbia. Miss Sinclair and Miss Stott were elected members of the Executive Committee in place of Miss Colvin and Miss McGillivary, who have left for California, and notice was given of the annual meeting

of the Graduate Nurses' Association of British Columbia, which will be held in Victoria on Easter Monday, April 9th, a whole day session, with election of officers.

PROGRAMME OF LECTURES

The first of what promises to be a most interesting and instructing series of lectures was delivered on Wednesday evening, the 7th inst., before the Vancouver Graduate Nurses' Association by Dr. J. A. Smith, Assistant Superintendent of the Vancouver General Hospital on the History of Anaesthetics.

The lecture was listened to by an unusually large audience and the lucid manner in which the speaker dealt with the subject made the hour most profitable to those present. A very hearty vote of thanks was tendered Dr. Smith.

The programme of lectures as arranged by this Association for the remainder of the year of 1917, is as follows:—

Dr. Wesbrook, President University of British Columbia, "Avenues of Disease."

Dr. Malcolm MacEachern, Superintendent, Vancouver General Hospital, "Mental Nursing."

Dr. R. E. McKechnie, "Post-Operative Treatment."

Mr. F. G. C. Wood, M. A., Department of English, University of British Columbia, "Some Dramatists of the present."

Miss Snyder, R. N., Lady Superintendent, Vancouver General Hospital, "History of Nursing."

Mr. L. Robertson, M. A., Department of Classics, University of British Columbia, "Art."

Dr. E. D. Carder, "Future Citizens."

Miss Margaret McCraney, "The Ministry of Music."

Mrs. Stuart Jamieson, President of Women's University Club, "The British Columbia Woman — Her privileges and responsibilities."

Date of each lecture to be announced through the press.

EVERY-DAY HELPS.

Warm lemons before squeezing them and twice the juice will be obtained.

Dry flour applied with a newspaper is an excellent and easy way to clean tinware.

Place crumpled tissue paper in the bottom of the jar and your cookies will keep fresh and crisp.

Keep candles on the ice for a day before using on a birthday cake, and they will burn slowly and evenly.

When dropping muffin dough into the tins first dip the spoon into boiling water and the dough will not stick to the spoon.

Figs split open form excellent poultices for boils and small abscesses.

Births

To Mr. and Mrs. Maurice Hodson, of Rosthern, a daughter. Mrs. Hodson was Miss Beatrice Hewing of the Saskatoon City Hospital.

Chambers—At Victoria, B. C. to Mr. and Mrs. W. A. Chambers, a son. Mrs. Chambers was Miss Witfield of the Jubilee Hospital.

At Riverton, Freemont County, Wyoming, U. S. A., on November 2nd, 1916, to Rev. and Mrs. A. H. F. Watkins, a daughter. Mrs. Watkins, nee Frances Scott, is a graduate of T. G. H., class 1908.

At Abernethy, Saskatchewan, December 1916, to Rev. and Mrs. George Dorey, a son. Mrs. Dorey, nee Dent, graduate of Grace Hospital, 1912.

Muirhead—At the Private Pavilion, Toronto General Hospital, on Sunday, January 28, 1917, to Mr. and Mrs. Thos. E. Muirhead, 45 Benlamond Avenue, a daughter (Marjorie).

At Detroit, on Thursday, November 2nd, 1916, to Mr. and Mrs. Charles E. Egleston a son, Charles Webster. Mrs. Egleston (nee Miss Ruth Webster,) graduate of Grace Hospital, 1908.

At Toronto General Hospital, Private Patients Pavilion, on December 8th 1916, to Capt. and Mrs. Clayton Hall, a daughter. Mrs. Hall, (nee Chambers), graduate Grace Hospital, 1911.

To Mr. and Mrs. John Stephen, Mount Royal Avenue, Hamilton, a daughter. Mrs. Stephen (nee Miss Creggan) is a graduate of the Hamilton City Hospital.

Marriages

On November 25th, 1916, at St. Paul's Church, Kingston, Ontario, Alice H. MacGregor to Capt. Ralph Filson, M. D., Queen's Ambulance Corps., Kingston. Mrs. Filson, graduate of Kingston General Hospital, 1916; and Dr. Filson of Queens.

On December 25th, 1916, at Kingston, Ontario, Nursing Sister Lillian M. Killians to Capt. W. H. Hicks, M. D., Condiac, Sask., of Queen's Ambulance Corps, Kingston, Ont. Mrs. Hicks, graduate K. G. H., 1916.

Armour-Morris—At the Parish Church, Bramshott, England, on Tuesday, January 19, 1917, Archibald Douglas Armour, Major 74 Batt., C. E. F., to Elizabeth Morris, daughter of the late Robert Morris. Mrs. Armour, graduate T. G. H., 1908.

Van Wyck-MacTavish—At Frome, Somerset, England, on Tuesday, January 2nd, 1917, Jean Carmichael MacTavish, only daughter of Rev. Dr. MacTavish, Grosvenor Street Church, Toronto, to Captain Hermon B. Van Wyck, M. B., Adjutant No. 4 University Base Hospital, Salonica, son of the late Rev. James Van Wyck, Toronto and Hamilton. Mrs. MacTavish, graduate of T. G. H., 1915.

At Chicago, on December, 12th, 1916, Miss Jennie Harrison (graduate Grace Hospital, Toronto, 1898), to Mr. J. H. Morrison of Winnipeg. They will reside in Winnipeg.

At Toronto, on December 6th, 1916, Miss Jean Wilson of Wingham, Ontario, to Mr. Thomas Powell of Saskatchewan. They will reside at Hensall, Ontario. Mrs. Powell (nee Wilson), graduate of Grace Hospital, 1910.

Miss Flo. Brown, class 1914, St. Boniface, Winnipeg, was married in November to Captain Picard, M. D., of Winnipeg.

Miss M. L. Brinn, class 1916, St. Boniface, Winnipeg, was married to Alphonse Lord, of Keewatin.

Bradley-Wright.—In St. Peter's, Nanaimo, B. C., Miss Mary Jane Bradley, (Graduate St. Paul's Hospital, Vancouver, B. C.), to Mr. John Clement Wright, of Hache, Cariboo, B. C.

Deaths

Died—At Toronto, January 9th, 1917, Mrs. Robert Hackney (nee Wilson), graduate of the Guelph General Hospital, class '03.

A new departure was initiated by the London Hospital when a short time ago three women doctors joined the staff of that institution and entered upon their duties. The new appointments will add one to the small number of hospitals which admit women to their medical staffs. There are in London five hospitals entirely officered by women, and women are running the military hospital in Endell street for wounded soldiers.

The New York Nursery and Child's Hospital

Sixty-first Street and Amsterdam Avenue, New York City

OFFERS to graduates of recognized training schools a splendid post graduate course of three months in obstetrical nursing.

This course includes experience in modern methods in the hospital wards and private floors and in the obstetric department among the city poor.

Weekly lectures, classes and demonstrations are given together with a proposed series of evening lectures, or talks, to nurses and patients on pre-natal influences and the after care of mother and child, on hygiene and sanitation, and other instructive and interesting topics.

A three months' post graduate course in pediatrics is also offered to graduate nurses who desire special preparation in the care of children.

This course will include experience in the children's wards, including the observation ward, the babies' clinic, instruction in the "boarding out system," etc., the instruction given in the diet kitchen in connection with these courses will be optional with graduate nurses.

The hospital is now ready for affiliation with accredited training schools who desire for their pupils special training in obstetrical nursing or an unusual opportunity for experience in the care of children, including instruction in the diet kitchen in the preparation of formulae and special diets for children.

The course for each service is three months, or six months where the two services are combined. Classes, lectures and demonstrations as enumerated above, will be held regularly.

Comfortable housing conditions, with a desirable environment for young women in training are provided.

For further information apply to

MISS RYE MORLEY, Superintendent.

British Sailor from Jutland Battle Praises Ambrine

It is a pity that the audience at the Margaret Eaton Hall could not have witnessed the incident that happened just as Miss Elsie De Wolfe was leaving the hall. Up to her stepped its new caretaker. He is a British sailor of many years' service and was wounded in the Jutland battle when he was on board the *Undaunted.* Said he to Miss De Wolfe: "I was so glad, Miss, to hear you telling people here about that wonderful stuff, for I've seen what it's done with my own eyes. I lost a lung in the battle of Jutland, and when my wounds were being treated on board the *Undaunted,* some men were brought in that were terribly burned in an explosion in the boiler-room. But the doctors had a great kettle of ambrine a-boiling and they had those men painted with it in a few minutes. And their terrible agony was all gone directly!"

* * * *

Crowded to the doors was the Margaret Eaton Hall when Miss Elsie De Wolfe told of her wonderful experiences with ambrine in French hospitals and showed colored pictures of burned soldiers before and after treatment with the Barthe de Sandfort discovery.

"So extraordinary have been the results with it that it strains credulity to believe unless you have witnessed them!" declared Miss De Wolfe at the beginning of her lecture. After seeing the pictures which ended it, all understood her statement. Most terrible were the "before" pictures of soldiers treated with ambrine. But once an "after" picture was seen, none of them seemed too forbidding to look upon.

For miraculous is the only word that describes them. Men whose faces were like beefsteak were shown twenty-five days after treatment with perfect skins again, while even the most frightful cases were shown to be perfectly healed in forty or fifty days. Cases of severe frost-bites were also shown that the magic new combination of paraffine, wax and amber cures.

* * * *

Miss De Wolfe told of the first case she had seen treated at the Issy Hospital, where, through the interest of M. Justin Godard, of the French Government, ambrine's discoverer is now treating hundreds of soldiers. It was a French gunner whose head was almost split open at Verdun that Miss De Wolfe saw treated first. He was in agony when the first emergency dressing was removed and only the knowledge that ambrine could help at once could have enabled anyone to stand his torture at having the old kind of bandage removed, declared Miss de Wolfe.

However, within a few moments of the application of ambrine, for the first time since hurt, he like others declared he felt no suffering and was able to sleep. Torment had been transformed to perfect tranquility.

These two models are selected from our new Catalog: but there are many more that you will want to see.

SOLD by department stores in nearly every city, or order direct from us and we will see that you are correctly supplied.

No. 664—For the nurse wishing a smart and out-of-the-ordinary uniform we offer this very new model. Made of extra quality Oxford, it buttons on a side; collar is hemstitched. The belt is a little wider than usual and is detached so as to be adjustable. Two pleats in front of skirt and prettily shirred back give gracefully draped fulness. New sleeve is fastened with three small buttons on the cuff and can be adjusted to fit snugly around the wrist.

An uncommon and very pretty dress. Sizes 34 to 46.

✚ DIX-MAKE

WE are holding your copy of our new catalog B. Many pleasing models are illustrated for you. Send for it today!

No. 661—A very smart model with low neck and long sleeves with mannish cuffs. Made of pre-shrunken Dixie Cloth—this dress has won instant approval and is highly recommended by us. Waist has three deep pleats on each side, giving extra fulness.

New shaped five-gore skirt is unusually well balanced and drapes with moderately full flare. Sizes 34 to 46

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The method of treatment, as fully described by Miss De Wolfe, was to first thoroughly dry the burns with an electric dryer. It was not necessary to wash them, sometimes this was delayed for the second or third day. When the surface is dry, the ambrine is applied either by painting with a camel's hair brush or by a sprayer, then comes the layer of thinnest cotton, then more ambrine and a starched bandage. The pain is soothed immediately on application and beneath the ambrine nature works marvellously quickly. Within a few days, declared Miss De Wolfe, with applications fresh every twenty-four hours, flesh and tissue begin to be renewed, small white flakes appear which soon become new skin. It is neither drawn nor scarred and is as smooth and elastic as ever.

* * * *

Melted at 254 degrees are the cakes of ambrine and, though it seems unbelievable, burned patients can stand its application at from 145 to 154 degrees. This heat is necessary to keep it in a liquified state while applying, and though it is apt to clog the sprayers now used, Miss De Wolfe has much hope from the one Dr. Sherman of Pittsburg is now experimenting with. For it will contain an electric coil to overcome this.

* * * *

Miss De Wolfe is now devoting all her efforts to help the burned soldiers in France, and appealed for funds to obtain more ambulances and dressing stations to treat men at the very lines. Over $200 was taken up at a collection, with promises of more to come.

Prof. Mackenzie, in moving a vote of thanks, said he was awaiting with many others the verdict of Dr. Carel on the new discovery, and he regretted that the formula had not been given to the world.

* * * *

In reference to this point, when interviewed after the lecture, Miss De Wolfe declared that Dr. Henri Rothschild had bought the formula from its discoverer, and that it would be kept secret until after the war, while for the present Dr. Rothschild was giving it free to the French army. As for its discoverer, he was a poor man still and the money he had received for it had gone to pay his stockholders in an unsuccessful company, who had believed in him before the war.

Sir John Willison acted as chairman at the meeting, at which Miss De Wolfe declared most strongly that you cannot help France any better than to aid her burned soldiers by providing facilities for them to get treatment more quickly.

—CORNELIA, Toronto Telegram.

Mother Alphonus, formerly Miss Mary Cashlin, died at Hamilton, Ontario, aged 80 years. For sixty years she was a member of the Community of St. Joseph, first Mother Superior of the House of Providence, Dundas, and had charge at different times of many Catholic hospitals in Ontario.

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The Heroism of Nurses

In the midst of all the horrors of war it is a relief to turn for a moment to another side of the picture—the devotion and heroism of trained nurses. Whether their courage and discipline have been tested on torpedoed ships, under fire in bombarded towns, amidst the hardships of the Great Trek over the Serbian mountains in mid-winter, in fever hospitals, subjected to the risk of contracting from their patients the dread disease of cerebro-spinal meningitis, or—as in the case of one nurse working in a military hospital—in assisting a constable to control three violent prisoners, while a number of men refused to help, the behaviour of the trained nurses of the Empire, under conditions testing their endurance and self-sacrifice to the utmost, has been such as to win the highest admiration.

The words of the nursing staff on the sinking hospital ship *Anglia*, "We have the right to be last this time," are worthy of a place in history with those of the *Marquette* nurses, "Fighting men first;" and nearer home, when the streets of Dublin were swept with gunfire, the nurses went about their work resolutely, so as to draw from General Sir John Maxwell the commendation:—

"I desire to express my sincere appreciation of the services rendered during the recent disturbances in Dublin by the medical, surgical, and nursing staff of many of the city hospitals, and, in particular, of the gallantry shown by those nurses who exposed themselves to a heavy fire in attending to, and removing, the wounded."

In the words of Colonel Springthorpe, of Melbourne:—"The work of the nurses has been magnificent. . . . The women's sacrifice has been as great as the men's, and in many cases the danger has been very little less. The work they have done deserves the everlasting thanks of the community." If this is the case where nurses, outside the regular naval and military nursing services, have had to work at such a disadvantage, had trained nurses been able to organize their own professional work before the war—a right for which we have pleaded for nearly thirty years—how magnificent might have been the result. Is it too much to hope that the lesson of the war to the Government will be that trained nurses have the capacity to organize their own work, and that, for the welfare of all concerned, such organization should be placed in their hands?

Cavell Memorials.

The execution of Miss Edith Cavell has profoundly stirred not only the British Empire, but nations beyond its confines, and a number of memorials have been erected to her memory. The sentiment which has

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been evoked was eloquently voiced by M. Léon Baylet in an address delivered in her honour at the Atheneum Municipal, Bordeaux, when he said:—

"With hearts constricted with an inexpressible emotion which causes our speech to falter, we come to glorify a woman—an Englishwoman—an English nurse, whose simple straigtforward life, clear as a radiant spring day, was passed at the bedside of the sick, in the tenements of the poor, a woman who only wished to have as her family the poor, the the wounded, the old, the children, those who wept and those who suffered, a woman almost unknown outside her own intimate circle, and whose name suddenly on the day of her death, and by that death itself, has been carried by glory far and wide, before time and space, to the highest place in the remembrances of mankind."

The statue, by Sir George Frampton, to be raised aloft in the centre of London, of Edith Cavell in her simple nurse's uniform, which we owe to the initiative and sympathy of the *Daily Telegraph*, will, in generations to come, keep alive the memory of one who has "raised our hearts to the level of sacrifice, and entered immortality with the numberless legions of those who have died for their country."

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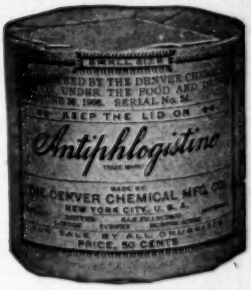

Directions: Always heat in the original container by placing in hot water. Needless exposure to the air impairs its osmotic properties—on which its therapeutic action largely depends.

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Regular Meeting—Second Tuesday, 3 p. m.

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